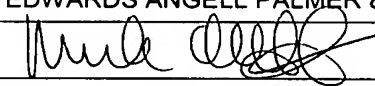
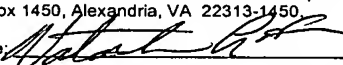


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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>		Application Number	10/591,568
		Filing Date	September 1, 2006
		First Named Inventor	Rajagopal Bakthavatchalam
		Art Unit	1614
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	61386(72021)

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px auto;"></div> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Express Mailing (1 page) Response to Notice of Insufficient Fees (2 pages); Copy of Notice of Insufficient Fees (2 pages); First Preliminary Amendment (50 pages); PTO SB/08 (1 page); Copies of Cited References CA-CJ (84 pages); Return Receipt Postcard Charge \$4100.00 to deposit account
<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	Mark D. Russett		
Date	July 9, 2007	Reg. No.	41,281

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 971794541 US, on the date shown below in an envelope addressed to: MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450	
Dated: July 9, 2007	Signature:  (Natasha French)

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Date



Signature

Natasha French

Typed or printed name of person signing Certificate

Registration Number, if applicable

617-239-0100
Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal (1 page)
Fee Transmittal (1 page)
Certificate of Express Mailing (1 page)
Response to Notice of Insufficient Fees (2 pages)
Copy of Notice of Insufficient Fees (2 pages)
First Preliminary Amendment (50 pages)
Information Disclosure Statement (2 pages)
PTO SB/08 (1 page)
Copies of Cited References CA-CJ (84 pages)
Return Receipt Postcard
Charge \$4100.00 to deposit account 04-1105

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2006		Complete if Known Application Number 10/591,568 Filing Date September 1, 2006 First Named Inventor Rajagopal Bakthavatchalam Examiner Name Not Yet Assigned Art Unit 1614 Attorney Docket No. 61386(72021)	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) \$4100.00			

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account
 Deposit Account Number: 04-1105
 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
78	58	50	2900	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
9	6	200	1200

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)

4. OTHER FEE(S)

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other fee, late filing surcharge:	
2900.00 DA	
1200.00 DA	
	\$

07/11/2007 GFREY
 01 FC:1615
 02 FC:1614

SUBMITTED BY		Registration No.	41,281	Telephone	(617) 239-0100
Signature		(Attorney/Agent)		Date	July 9, 2007
Name (Print/Type)	Mark D. Russett				

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Label No. EV 971794541 US, on the date shown below in an envelope addressed to:
 MS PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 9, 2007 Signature: (Natasha French)



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
 United States Patent and Trademark Office
 Address: COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, Virginia 22313-1450
 www.uspto.gov

U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/591,568	Rajagopal Bakthavatchalam	61386(72021)

INTERNATIONAL APPLICATION NO.

PCT/US05/06697

I.A. FILING DATE	PRIORITY DATE
03/04/2005	03/04/2004

21874

EDWARDS ANGELL PALMER & DODGE LLP
 P.O. BOX 55874
 BOSTON, MA 02205

CONFIRMATION NO. 6247

371 FORMALITIES LETTER



OC000000023845529

Date Mailed: 05/14/2007

Notification of Insufficient Fees (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495).

- Copy of the International Application filed on 09/01/2006
- Copy of the International Search Report filed on 09/01/2006
- Oath or Declaration filed on 09/01/2006
- Request for Immediate Examination filed on 09/01/2006
- U.S. Basic National Fees filed on 09/01/2006
- Priority Documents filed on 09/01/2006
- Power of Attorney filed on 09/01/2006
- Specification filed on 09/01/2006
- Claims filed on 09/01/2006
- Abstracts filed on 09/01/2006

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of **\$6610** as a non-small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fees required for this application is **\$6610** for a Large Entity:

- Total additional claim fee(s) for this application is \$ 6610
 - \$1800 for 9 independent claims over 3.
 - \$4450 for 89 total claims over 20.

- \$360 for multiple dependent claim surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

Registered users of EFS-Web may alternatively submit their reply to this notice via EFS-Web.
<https://sportal.uspto.gov/authenticate/AuthenticateUserLocalEPF.html>

For more information about EFS-Web please call the USPTO Electronic Business Center at 1-866-217-9197 or visit our website at <http://www.uspto.gov/ebc>.

If you are not using EFS-Web to submit your reply, you must include a copy of this notice.

WINSTON M ALVARADO

Telephone: (703) 308-9140 EXT 206

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/591,568	PCT/US05/06697	61386(72021)

Docket No.: 61386(72021)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Rajagopal Bakthavatchalam et al.

Application No.: 10/591,568

Conf. No. 6247

Filed: September 1, 2006

Art Unit: 1614

For: ARALKYLAMINO-SUBSTITUTED
QUINAZOLINE ANALOGUES

Examiner: Not Yet Assigned

RESPONSE TO NOTIFICATION OF INSUFFICIENT FEES

MS PCT
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Notification of Insufficient Fees mailed May 14, 2007,
Applicant submits herewith a First Preliminary Amendment and Part 2 Copy of the
Notification.

Please charge our Deposit Account No. 04-1105 in the amount of \$4100.00
covering the excess claims fees.

Applicant requests any extension of time necessary for response. The Director
is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which

should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 61386(72021).

Dated: July 9, 2007

Respectfully submitted,

By 

Mark D. Russett

Registration No.: 41,281

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Attorneys/Agents For Applicant